

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

-----X

In re

BOYSIN RALPH LORICK,
CYNTHIA THERESA LORICK,

Case No. 16-45645 (NHL)

Debtors.

Chapter 11

-----X

**DECLARATION OF CYNTHIA NAREA REGARDING CLOSING FOR THE
SALE OF 3126 CONEY ISLAND AVENUE, BROOKLYN, NEW YORK**

I, Cynthia Narea, being duly sworn states as follows:

1. I serve as a paralegal for the law firm Ortiz & Ortiz, L.L.P. I was present during the closing of the sale of the property known as 3126 Coney Island Avenue, Brooklyn, New York (the "Property") on November 21, 2017.

2. I was present during a meeting that occurred outside of the conference room in which the closing was taking place. The meeting occurred among Norma Ortiz, Martha de Jesus, Cynthia Lorick, and Boysin Lorick.

3. The Loricks arrived at approximately 3:00 p.m. and were unaccompanied. I took notes during the meeting that occurred in a separate office outside of the presence of the other attendees. During that meeting, Norma, Martha, and I assisted the Loricks in reviewing every single page of the documents presented to them for signing and reviewing. The Loricks did not leave the office until approximately 5:30 p.m., when the closing concluded.

4. The Loricks reviewed and approved the documents annexed as Exhibit A. I witnessed both Martha and Norma answer all of their questions, and make the changes they requested. I estimate the Loricks spent at least two hours reviewing and discussing the attached documents.

5. There was only one significant issue raised by the Loricks that was disputed by the

buyers. The Loricks did not agree that the amount of security deposits proposed by the Receiver was accurate, and they did not want to sign any documents that reflected that disputed amount. I witnessed Martha attempt to contact Judge Lord for assistance, but she was not available. The parties agreed to bring the matter before Judge Lord at a later date, and they proceeded with the closing.

6. At the conclusion of the meeting, I witnessed Mr. Lorick agree to cooperate with the buyers. They shook hands and wished each other good luck.

7. Mrs. Lorick told me before she left that she was glad the Property was sold, and wished the sale had occurred earlier. She made that statement in our reception area, in the presence of Therese Reyes, counsel to the first mortgage loan holder.

8. I also heard Norma Ortiz inform Mrs. Lorick that it is extremely important that an accountant familiar with capital gains tax be hired immediately. I heard Ms. Ortiz discuss the use of a Section 1031 exchange to address capital gains taxes, and the short time permitted for such an exchange.

I hereby declare that the foregoing statements made by me are true to the best of my knowledge and belief. I am fully aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Dated: November 22, 2017
Astoria, New York

/s/Cynthia Narea
Cynthia Narea

Exhibit A

QUITCLAIM DEED

THIS INDENTURE, made on the 21st day of November, 2017, **BETWEEN**

Boysin Ralph Lorick and Cynthia Theresa Lorick, individuals residing at [REDACTED]
[REDACTED] party of the first part,

and

Lucky 52 Coney Island LLC, a Limited Liability Company with a mailing address of _____
party of the second part;

WITNESSETH, that the party of the first part, in consideration of ten dollars (\$10.00) and other valuable consideration paid by the party of the second part, does hereby remise, release and quitclaim unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL that certain plot, piece or parcel of land, situate, lying and being in the Borough of Brooklyn, County of Kings, City and State of New York, bounded and described as follows:

BEGINNING at a point on the Westerly side of Coney Island Avenue, distant 56.27 feet southerly from the corner formed by the intersection of the Westerly side of Coney Island Avenue and the Southerly side Ocean View Avenue;

RUNNING THENCE Westerly at right angles to Coney Island Avenue, 100 feet;

THENCE Southerly and parallel with Coney Island Avenue, 100 feet;

THENCE Easterly at right angles to Coney Island Avenue, 100 feet to the Westerly side of Coney Island Avenue;

THENCE Northerly along the Westerly side of Coney Island Avenue, 100 feet to the point or place of **BEGINNING**.

ALSO known by street address as 3126 Coney Island Avenue, Brooklyn, NY 11203.

BEING and intended to be the same premises conveyed to the party of the first part (or party of the first part's predecessor in interest) in deed recorded in Reel 1716 Page 714.

BEING and intended to be the same premises directed to be conveyed to the party of the second part pursuant to court order in Case No. 16-45645, Docket No. 95, signed by Chief Judge Carla E. Craig on September 8, 2017, in the Bankruptcy Court for the Eastern District of New York.

TOGETHER with all right, title and interest, if any, of the party of the first part in and to any streets and roads abutting the above described premises to the center lines thereof;


TOGETHER with the appurtenances and all the estate and rights of the party of the first part in and to said premises;

TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the costs of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

The word "party" shall be constructed as if it read "parties" whenever the sense of this indenture so requires.

IN WITNESS WHEREOF, the party of the first part has duly executed this deed the day and year first above written.



Boysin Ralph Lorick



Cynthia Theresa Lorick

State of New York)

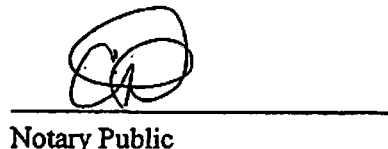
) ss.:

County of Queens)

On the 21st day of November, in the year 2017, before me, the undersigned, personally appeared, Boysin Ralph Lorick and Cynthia Theresa Lorick, personally known to me or proved to me on the basis of satisfactory evidence to be the individuals whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their capacity, that by their signatures on the instrument, the individuals or the persons upon behalf of which the individuals acted, executed the foregoing instrument.

CYNTHIA NAREA
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01NA6359893
Qualified in Queens County
Commission Expires June 12, 2021

Section:
Block: 8678
Lot: 59
County of Kings


Notary Public

Return by Mail to:
Elie Aryeh, Esq.
ELAZAR ARYEH, PC
110-20 71 Road, Suite 110
Forest Hills, NY 11375

**REAL PROPERTY TRANSFER TAX RETURN**

(Pursuant to Title 11, Chapter 21, NYC Administrative Code)

▲ DO NOT WRITE IN THIS SPACE ▲
FOR OFFICE USE ONLY

GRANTOR● Name **BOYSIN RALPH LORICK**

● Grantor is a(n): ☒ individual ☐ partnership ☐ corporation ☐ other _____ Telephone Number _____
(check one) ☐ single member LLC ☐ multiple member LLC (see instructions)

● Permanent mailing address after transfer (number and street) _____

● City and State _____

Zip Code _____

● Single member's name if grantor is a single member LLC _____

SOCIAL SECURITY NUMBER

OR

EMPLOYER IDENTIFICATION NUMBER

SINGLE MEMBER EIN OR SSN

GRANTEE● Name **LUCKY 52 CONEY ISLAND LLC**

● Grantee is a(n): ☐ individual ☐ partnership ☐ corporation ☐ other _____ Telephone Number _____
(check one) ☐ single member LLC ☒ multiple member LLC (see instructions)

● Permanent mailing address after transfer (number and street) _____

● City and State _____

Zip Code _____

● Single member's name if grantee is a single member LLC _____

SOCIAL SECURITY NUMBER

OR

EMPLOYER IDENTIFICATION NUMBER

SINGLE MEMBER EIN OR SSN

PROPERTY LOCATION

LIST EACH LOT SEPARATELY. ATTACH A RIDER IF ADDITIONAL SPACE IS REQUIRED

● Address (number and street)	Apt. No.	Borough	Block	Lot	# of Floors	Square Feet	● Assessed Value of Property
3126 CONEY ISLAND AVENUE		BROOKLYN	8678	59	4	31,480	633,600.00

● DATE OF TRANSFER TO GRANTEE: **11/21/2017**● PERCENTAGE OF INTEREST TRANSFERRED: **100** %**CONDITION OF TRANSFER. See Instructions**

● Check (✓) all of the conditions that apply and fill out the appropriate schedules of this return. Additionally, Schedules 1 and 2 must be completed for all transfers.

- | | |
|---|--|
| <p>a. <input checked="" type="checkbox"/> Arms length transfer</p> <p>b. <input type="checkbox"/> Transfer in exercise of option to purchase</p> <p>c. <input type="checkbox"/> Transfer from cooperative sponsor to cooperative corporation</p> <p>d. <input type="checkbox"/> Transfer by referee or receiver (complete Schedule A)</p> <p>e. <input type="checkbox"/> Transfer pursuant to marital settlement agreement or divorce decree (complete Schedule I)</p> <p>f. <input type="checkbox"/> Deed in lieu of foreclosure (complete Schedule C)</p> <p>g. <input type="checkbox"/> Transfer pursuant to liquidation of an entity (complete Schedule D)</p> <p>h. <input type="checkbox"/> Transfer from principal to agent, dummy, strawman or conduit or vice-versa (complete Schedule E)</p> <p>i. <input type="checkbox"/> Transfer pursuant to trust agreement or will (attach a copy of trust agreement or will)</p> <p>j. <input type="checkbox"/> Gift transfer not subject to indebtedness</p> <p>k. <input type="checkbox"/> Gift transfer subject to indebtedness</p> <p>l. <input type="checkbox"/> Transfer to a business entity in exchange for an interest in the business entity (complete Schedule F)</p> <p>m. <input type="checkbox"/> Transfer to a governmental body</p> <p>n. <input type="checkbox"/> Correction deed</p> | <p>o. <input type="checkbox"/> Transfer by or to a tax exempt organization (complete Schedule G)</p> <p>p. <input type="checkbox"/> Transfer of property partly within and partly without NYC</p> <p>q. <input type="checkbox"/> Transfer of successful bid pursuant to foreclosure</p> <p>r. <input type="checkbox"/> Transfer by borrower solely as security for a debt or a transfer by lender solely to return such security</p> <p>s. <input type="checkbox"/> Transfer wholly or partly exempt as a mere change of identity or form of ownership (complete Schedule M)</p> <p>t. <input type="checkbox"/> Transfer to a REIT or to a corporation or partnership controlled by a REIT. (Complete Schedule R)</p> <p>u. <input type="checkbox"/> Other transfer in connection with financing (describe): _____</p> <p>v. <input type="checkbox"/> A grant or assignment of a leasehold interest in a tax-free NY area</p> <p>w. <input type="checkbox"/> Transfer to an HDFC or an entity controlled by an HDFC. (Complete Schedule L)</p> <p>x. _____ Reserved</p> <p>y. _____ Reserved</p> <p>z. <input type="checkbox"/> Other (describe)</p> |
|---|--|

Form NYC-RPT

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● TYPE OF PROPERTY (✓)	● TYPE OF INTEREST (✓)																				
a. <input type="checkbox"/> 1-3 family house b. <input type="checkbox"/> Individual residential condominium unit c. <input type="checkbox"/> Individual cooperative apartment d. <input type="checkbox"/> Commercial condominium unit e. <input type="checkbox"/> Commercial cooperative f. <input checked="" type="checkbox"/> Apartment building g. <input type="checkbox"/> Office building h. <input type="checkbox"/> Industrial building i. <input type="checkbox"/> Utility j. <input type="checkbox"/> OTHER. (describe): _____	Check box at LEFT if you intend to record a document related to this transfer. Check box at RIGHT if you do not intend to record a document related to this transfer. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">REC.</th> <th style="width: 50%; text-align: left;">NON REC.</th> </tr> </thead> <tbody> <tr> <td>a. <input checked="" type="checkbox"/> Fee.....</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. <input type="checkbox"/> Leasehold Grant</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. <input type="checkbox"/> Leasehold Assignment or Surrender</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. <input type="checkbox"/> Easement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. <input type="checkbox"/> Subterranean Rights</td> <td><input type="checkbox"/></td> </tr> <tr> <td>f. <input type="checkbox"/> Development Rights</td> <td><input type="checkbox"/></td> </tr> <tr> <td>g. <input type="checkbox"/> Stock</td> <td><input type="checkbox"/></td> </tr> <tr> <td>h. <input type="checkbox"/> Partnership Interest</td> <td><input type="checkbox"/></td> </tr> <tr> <td>i. <input type="checkbox"/> OTHER. (describe):</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	REC.	NON REC.	a. <input checked="" type="checkbox"/> Fee.....	<input type="checkbox"/>	b. <input type="checkbox"/> Leasehold Grant	<input type="checkbox"/>	c. <input type="checkbox"/> Leasehold Assignment or Surrender	<input type="checkbox"/>	d. <input type="checkbox"/> Easement	<input type="checkbox"/>	e. <input type="checkbox"/> Subterranean Rights	<input type="checkbox"/>	f. <input type="checkbox"/> Development Rights	<input type="checkbox"/>	g. <input type="checkbox"/> Stock	<input type="checkbox"/>	h. <input type="checkbox"/> Partnership Interest	<input type="checkbox"/>	i. <input type="checkbox"/> OTHER. (describe):	<input type="checkbox"/>
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g. <input type="checkbox"/> Stock	<input type="checkbox"/>																				
h. <input type="checkbox"/> Partnership Interest	<input type="checkbox"/>																				
i. <input type="checkbox"/> OTHER. (describe):	<input type="checkbox"/>																				

SCHEDULE 1 - DETAILS OF CONSIDERATION		
COMPLETE THIS SCHEDULE FOR ALL TRANSFERS AFTER COMPLETING THE APPROPRIATE SCHEDULES ON PAGES 5 THROUGH 12. ENTER "ZERO" ON LINE 11 IF THE TRANSFER REPORTED WAS WITHOUT CONSIDERATION.		
1. Cash..... ● 1.	7,350,000.00	00
2. Purchase money mortgage..... ● 2.	0.00	00
3. Unpaid principal of pre-existing mortgage(s)..... ● 3.	0.00	00
4. Accrued interest on pre-existing mortgage(s)..... ● 4.	0.00	00
5. Accrued real estate taxes..... ● 5.	0.00	00
6. Amounts of other liens on property..... ● 6.	0.00	00
7. Value of shares of stock or of partnership interest received..... ● 7.	0.00	00
8. Value of real or personal property received in exchange..... ● 8.	0.00	00
9. Amount of Real Property Transfer Tax and/or other taxes or expenses of the grantor which are paid by the grantee..... ● 9.	222,337.52	52
10. Other (describe):..... ● 10.	0.00	00
11. TOTAL CONSIDERATION (add lines 1 through 10 - must equal amount entered on line 1 of Schedule 2) (see instructions)..... ● 11.	\$ 7,572,337.52	52
See instructions for special rules relating to transfers of cooperative units, liquidations, marital settlements and transfers of property to a business entity in return for an interest in the entity.		

SCHEDULE 2 - COMPUTATION OF TAX		
A. Payment	Pay amount shown on line 15 - See instructions	Payment Enclosed
1. Total Consideration (from line 11, above)..... ● 1.	7,572,337.52	52
2. Excludable liens (see instructions)..... ● 2.	0.00	00
3. Consideration (line 1 less line 2)..... ● 3.	7,572,337.52	52
4. Tax Rate (see instructions)..... ● 4.	2.625 %	%
5. HDFC Exemption (see Schedule L, line 15)..... ● 5.	0.00	00
6. Consideration less HDFC Exemption (line 3 less line 5)..... ● 6.	7,572,337.52	52
7. Percentage change in beneficial ownership (see instructions)..... ● 7.	100 %	%
8. Taxable consideration (multiply line 6 by line 7)..... ● 8.	7,572,337.52	52
9. Tax (multiply line 8 by line 4)..... ● 9.	198,773.86	86
10. Credit (see instructions)..... ● 10.	0.00	00
11. Transfer tax previously paid (see Schedule L, line 18)..... ● 11.	0.00	00
12. Tax due (line 9 less line 10 and 11) (If the result is negative, enter zero)..... ● 12.	198,773.86	86
13. Interest (see instructions)..... ● 13.	0.00	00
14. Penalty (see instructions)..... ● 14.	0.00	00
15. Total Tax Due (add lines 12, 13 and 14)..... ● 15.	\$ 198,773.86	86

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SCHEDULE 3 - TRANSFERS INVOLVING MULTIPLE GRANTORS AND/OR GRANTEE(S)**NOTE** If additional space is needed, attach copies of this schedule or an addendum listing all of the information required below.**GRANTOR(S)**

● Name CYNTHIA THERESA LORICK		SOCIAL SECURITY NUMBER [REDACTED]	
● Grantor is a(n): <input checked="" type="checkbox"/> individual <input type="checkbox"/> partnership <input type="checkbox"/> corporation (check one) <input type="checkbox"/> single member LLC <input type="checkbox"/> multiple member LLC <input type="checkbox"/> other _____		Telephone Number [REDACTED]	
● Permanent mailing address after transfer (number and street) [REDACTED]			
● City and State [REDACTED]		Zip Code [REDACTED]	
● Single member's name if grantor is a single member LLC [REDACTED]			
		OR EMPLOYER IDENTIFICATION NUMBER [REDACTED]	
		SINGLE MEMBER EIN OR SSN [REDACTED]	

● Name [REDACTED]		SOCIAL SECURITY NUMBER [REDACTED]	
● Grantor is a(n): <input type="checkbox"/> individual <input type="checkbox"/> partnership <input type="checkbox"/> corporation (check one) <input type="checkbox"/> single member LLC <input type="checkbox"/> multiple member LLC <input type="checkbox"/> other _____		Telephone Number [REDACTED]	
● Permanent mailing address after transfer (number and street) [REDACTED]			
● City and State [REDACTED]		Zip Code [REDACTED]	
● Single member's name if grantor is a single member LLC [REDACTED]			
		OR EMPLOYER IDENTIFICATION NUMBER [REDACTED]	
		SINGLE MEMBER EIN OR SSN [REDACTED]	

GRANTEE(S)

● Name [REDACTED]		SOCIAL SECURITY NUMBER [REDACTED]	
● Grantee is a(n): <input type="checkbox"/> individual <input type="checkbox"/> partnership <input type="checkbox"/> corporation (check one) <input type="checkbox"/> single member LLC <input type="checkbox"/> multiple member LLC <input type="checkbox"/> other _____		Telephone Number [REDACTED]	
● Permanent mailing address after transfer (number and street) [REDACTED]			
● City and State [REDACTED]		Zip Code [REDACTED]	
● Single member's name if grantee is a single member LLC [REDACTED]			
		OR EMPLOYER IDENTIFICATION NUMBER [REDACTED]	
		SINGLE MEMBER EIN OR SSN [REDACTED]	

● Name [REDACTED]		SOCIAL SECURITY NUMBER [REDACTED]	
● Grantee is a(n): <input type="checkbox"/> individual <input type="checkbox"/> partnership <input type="checkbox"/> corporation (check one) <input type="checkbox"/> single member LLC <input type="checkbox"/> multiple member LLC <input type="checkbox"/> other _____		Telephone Number [REDACTED]	
● Permanent mailing address after transfer (number and street) [REDACTED]			
● City and State [REDACTED]		Zip Code [REDACTED]	
● Single member's name if grantee is a single member LLC [REDACTED]			
		OR EMPLOYER IDENTIFICATION NUMBER [REDACTED]	
		SINGLE MEMBER EIN OR SSN [REDACTED]	

GRANTOR'S ATTORNEY ▼


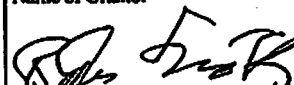




Name of Attorney		Telephone Number ()	
Address (number and street)		City and State	Zip Code
EMPLOYER IDENTIFICATION NUMBER	<input type="text"/>	OR	SOCIAL SECURITY NUMBER
	<input type="text"/>		<input type="text"/>

GRANTEE'S ATTORNEY ▼

Name of Attorney		Telephone Number ()	
Address (number and street)		City and State	Zip Code
EMPLOYER IDENTIFICATION NUMBER	<input type="text"/>	OR	SOCIAL SECURITY NUMBER
	<input type="text"/>		<input type="text"/>

CERTIFICATION ▼

I swear or affirm that this return, including any accompanying schedules, affidavits and attachments, has been examined by me and is, to the best of my knowledge, a true and complete return made in good faith, pursuant to Title 11, Chapter 21 of the Administrative Code and the regulations issued thereunder.

GRANTOR		GRANTEE	
Sworn to and subscribed to		Sworn to and subscribed to	
before me on this <u>21st</u> day	<u>BOYSIN RALPH LORICK</u>	before me on this <u>21</u> day	<u>LUCKY 52 CONEY ISLAND LLC</u>
of <u>November, 2017</u>		of <u>NOV</u> , <u>2017</u>	
			
Signature of Notary	Signature of Grantor	Signature of Notary	Signature of Grantee
			
CYNTHIA NAREA NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01NA639885 Qualified in Queens County Commission Expires June 12, 2021		CINDY E. SELEVAN NOTARY PUBLIC-STATE OF NEW YORK No. 01SE6039881 01SE6039881 Qualified in Queens County Expires <u>April 16, 2018</u>	

NOTARY PUBLIC-STATE OF NEW YORK
 No. 01SE6039881
 Qualified in Queens County
 Expires April 16, 2018

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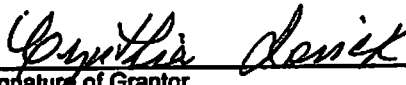
Form NYC- RPT

ATTACHMENT

CERTIFICATION

I swear or affirm that this return, including any accompanying schedules, affidavits and attachments, has been examined by me and is, to the best of my knowledge, a true and complete return made in good faith, pursuant to Title 11, Chapter 21 of the Administrative Code and the regulations issued thereunder.

GRANTORS

	CYNTHIA THERESA LORICK	
EIN/SSN	Name of Grantor	Signature of Grantor
EIN/SSN	Name of Grantor	Signature of Grantor
EIN/SSN	Name of Grantor	Signature of Grantor
EIN/SSN	Name of Grantor	Signature of Grantor
EIN/SSN	Name of Grantor	Signature of Grantor
EIN/SSN	Name of Grantor	Signature of Grantor
EIN/SSN	Name of Grantor	Signature of Grantor
EIN/SSN	Name of Grantor	Signature of Grantor
EIN/SSN	Name of Grantor	Signature of Grantor

GRANTEES

EIN/SSN	Name of Grantee	Signature of Grantee
EIN/SSN	Name of Grantee	Signature of Grantee
EIN/SSN	Name of Grantee	Signature of Grantee
EIN/SSN	Name of Grantee	Signature of Grantee
EIN/SSN	Name of Grantee	Signature of Grantee
EIN/SSN	Name of Grantee	Signature of Grantee
EIN/SSN	Name of Grantee	Signature of Grantee
EIN/SSN	Name of Grantee	Signature of Grantee
EIN/SSN	Name of Grantee	Signature of Grantee

FOR CITY USE ONLY		REAL PROPERTY TRANSFER REPORT	
C1. County Code	C2. Date Deed Recorded	 STATE OF NEW YORK STATE BOARD OF REAL PROPERTY SERVICES RP - 5217NYC	
C3. Book	C4. Page		
OR			
C5. CRFN			

PROPERTY INFORMATION			
1. Property Location	3126 CONEY ISLAND AVENUE	BROOKLYN	11235
	STREET NUMBER STREET NAME BOROUGH ZIP CODE		
2. Buyer Name	LUCKY 52 CONEY ISLAND LLC		
	LAST NAME / COMPANY FIRST NAME		
3. Tax Billing Address	Indicate where future Tax Bills are to be sent if other than buyer address (at bottom of form)		
	LAST NAME / COMPANY FIRST NAME		
	STREET NUMBER AND STREET NAME CITY OR TOWN STATE ZIP CODE		
4. Indicate the number of Assessment Roll parcels transferred on the deed	1	# of Parcels	<input type="checkbox"/> Part of a Parcel
5. Deed Property Size	FRONT FEET X DEPTH OR ACRES		
6. Seller Name	LORICK BOYSIN RALPH		
	LAST NAME / COMPANY FIRST NAME		
7. Seller Name	LORICK CYNTHIA THERESA		
	LAST NAME / COMPANY FIRST NAME		
9. Check the box below which most accurately describes the use of the property at the time of sale:			
A <input type="checkbox"/> One Family Residential	C <input type="checkbox"/> Residential Vacant Land	E <input type="checkbox"/> Commercial	G <input type="checkbox"/> Entertainment / Amusement
B <input type="checkbox"/> 2 or 3 Family Residential	D <input type="checkbox"/> Non-Residential Vacant Land	F <input checked="" type="checkbox"/> Apartment	H <input type="checkbox"/> Community Service
			I <input type="checkbox"/> Industrial
			J <input type="checkbox"/> Public Service
SALE INFORMATION			
10. Sale Contract Date	8 / 22 / 2017		
	Month Day Year		
11. Date of Sale / Transfer	11 / 21 / 2017		
	Month Day Year		
12. Full Sale Price \$	73,500.00		
(Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) Please round to the nearest whole dollar amount.			
13. Indicate the value of personal property included in the sale			
14. Check one or more of these conditions as applicable to transfer:			
A <input type="checkbox"/> Sale Between Relatives or Former Relatives			
B <input type="checkbox"/> Sale Between Related Companies or Partners in Business			
C <input type="checkbox"/> One of the Buyers is also a Seller			
D <input type="checkbox"/> Buyer or Seller is Government Agency or Lending Institution			
E <input checked="" type="checkbox"/> Deed Type not Warranty or Bargain and Sale (Specify Below)			
F <input type="checkbox"/> Sale of Fractional or Less than Fee Interest (Specify Below)			
G <input type="checkbox"/> Significant Change in Property Between Taxable Status and Sale Dates			
H <input type="checkbox"/> Sale of Business is Included in Sale Price			
I <input type="checkbox"/> Other Unusual Factors Affecting Sale Price (Specify Below)			
J <input type="checkbox"/> None			
ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill			
15. Building Class	C, 1		
16. Total Assessed Value (of all parcels in transfer)	63,360.00		
17. Borough, Block and Lot / Roll Identifier(s) (If more than three, attach sheet with additional identifier(s))	BROOKLYN 8678 59		

201711200043220101

CERTIFICATION

I certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and understand that the making of any willful false statement of material fact herein will subject me to the provisions of the penal law relative to the making and filing of false instruments.

BUYER

BUYER SIGNATURE *[Signature]* DATE *11/21/17*

STREET NUMBER

STREET NAME (AFTER SALE)

AREA CODE

TELEPHONE NUMBER

SELLER

CITY OR TOWN

STATE

ZIP CODE

SELLER SIGNATURE

DATE

BUYER'S ATTORNEY

LAST NAME

FIRST NAME

AREA CODE

TELEPHONE NUMBER

SELLER SIGNATURE *[Signature]*DATE *11/21/17*

2017112000432201

2017112000432201

TP-584 (4/13)



New York State Department of Taxation and Finance

**Combined Real Estate
Transfer Tax Return,
Credit Line Mortgage Certificate, and
Certification of Exemption from the
Payment of Estimated Personal Income Tax**

Recording office time stamp

See Form TP-584-I, Instructions for Form TP-584, before completing this form. Print or type.

Schedule A — Information relating to conveyance

Grantor/Transferor		Name (if individual, last, first, middle initial) (<input checked="" type="checkbox"/> check if more than one grantor)		Social security number	
<input checked="" type="checkbox"/> Individual		LORICK, BOYSIN RALPH		[REDACTED]	
<input type="checkbox"/> Corporation		Mailing address [REDACTED]		Social security number [REDACTED]	
<input type="checkbox"/> Partnership		City [REDACTED] State [REDACTED] ZIP code [REDACTED]		Federal EIN [REDACTED]	
<input type="checkbox"/> Estate/Trust		Single member's name if grantor is a single member LLC (see instructions)		Single member EIN or SSN [REDACTED]	
<input type="checkbox"/> Single member LLC					
<input type="checkbox"/> Other					
Grantee/Transferee		Name (if individual, last, first, middle initial) (<input type="checkbox"/> check if more than one grantee)		Social security number	
<input type="checkbox"/> Individual		LUCKY 52 CONEY ISLAND LLC		[REDACTED]	
<input type="checkbox"/> Corporation		Mailing address [REDACTED]		Social security number [REDACTED]	
<input type="checkbox"/> Partnership		City [REDACTED] State [REDACTED] ZIP code [REDACTED]		Federal EIN [REDACTED]	
<input type="checkbox"/> Estate/Trust		Single member's name if grantee is a single member LLC (see instructions)		Single member EIN or SSN [REDACTED]	
<input type="checkbox"/> Single member LLC					
<input checked="" type="checkbox"/> Other					

Location and description of property conveyed

Tax map designation - Section, block & lot (include dots and dashes)	SWIS code (six digits)	Street address	City, town, or village	County
3 - 8678 - 59	650000	3126 CONEY ISLAND AVENUE	NEW YORK	BROOKLYN / KINGS

Type of property conveyed (check applicable box)

1 <input type="checkbox"/> One- to three-family house	5 <input type="checkbox"/> Commercial/Industrial	Date of conveyance <table border="1"> <tr> <td>11</td> <td>21</td> <td>2017</td> </tr> <tr> <td align="center">month</td> <td align="center">day</td> <td align="center">year</td> </tr> </table>	11	21	2017	month	day	year	Percentage of real property conveyed which is residential real property 0.00 % (see instructions)
11	21		2017						
month	day		year						
2 <input type="checkbox"/> Residential cooperative	6 <input checked="" type="checkbox"/> Apartment building								
3 <input type="checkbox"/> Residential condominium	7 <input type="checkbox"/> Office building								
4 <input type="checkbox"/> Vacant land	8 <input type="checkbox"/> Other _____								

Condition of conveyance (check all that apply) f.

a. <input checked="" type="checkbox"/> Conveyance of fee interest	f. <input type="checkbox"/> Conveyance which consists of a mere change of identity or form of ownership or organization (attach Form TP-584.1, Schedule F)	i. <input type="checkbox"/> Option assignment or surrender
b. <input type="checkbox"/> Acquisition of a controlling interest (state percentage acquired _____ %)	g. <input type="checkbox"/> Conveyance for which credit for tax previously paid will be claimed (attach Form TP-584.1, Schedule G)	m. <input type="checkbox"/> Leasehold assignment or surrender
c. <input type="checkbox"/> Transfer of a controlling interest (state percentage transferred _____ %)	h. <input type="checkbox"/> Conveyance of cooperative apartment(s)	n. <input type="checkbox"/> Leasehold grant
d. <input type="checkbox"/> Conveyance to cooperative housing corporation	i. <input type="checkbox"/> Syndication	o. <input type="checkbox"/> Conveyance of an easement
e. <input type="checkbox"/> Conveyance pursuant to or in lieu of foreclosure or enforcement of security interest (attach Form TP-584.1, Schedule E)	j. <input type="checkbox"/> Conveyance of air rights or development rights	p. <input type="checkbox"/> Conveyance for which exemption from transfer tax claimed (complete Schedule B, Part III)
	k. <input type="checkbox"/> Contract assignment	q. <input type="checkbox"/> Conveyance of property partly within and partly outside the state
		r. <input type="checkbox"/> Conveyance pursuant to divorce or separation
		s. <input type="checkbox"/> Other (describe) _____

For recording officer's use	Amount received	Date received	Transaction number
	Schedule B., Part I \$ _____ Schedule B., Part II \$ _____		

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Schedule B — Real estate transfer tax return (Tax Law, Article 31)**Part I — Computation of tax due**

- 1 Enter amount of consideration for the conveyance (if you are claiming a total exemption from tax, check the exemption claimed box, enter consideration and proceed to Part III) ☐ Exemption claimed
- 2 Continuing lien deduction (see instructions if property is taken subject to mortgage or lien)
- 3 Taxable consideration (subtract line 2 from line 1)
- 4 Tax: \$2 for each \$500, or fractional part thereof, of consideration on line 3
- 5 Amount of credit claimed for tax previously paid (see instructions and attach Form TP-584.1, Schedule G)
- 6 Total tax due* (subtract line 5 from line 4)

1.	7,572,337	52
2.	0	00
3.	7,572,337	52
4.	30,290	00
5.	0	00
6.	30,290	00

Part II — Computation of additional tax due on the conveyance of residential real property for \$1 million or more

- 1 Enter amount of consideration for conveyance (from Part I, line 1)
- 2 Taxable consideration (multiply line 1 by the percentage of the premises which is residential real property, as shown in Schedule A)
- 3 Total additional transfer tax due* (multiply line 2 by 1% (.01))

1.	7,572,337	52
2.	0	00
3.	0	00

Part III — Explanation of exemption claimed on Part I, line 1 (check any boxes that apply)

The conveyance of real property is exempt from the real estate transfer tax for the following reason:

- a. Conveyance is to the United Nations, the United States of America, the state of New York, or any of their instrumentalities, agencies, or political subdivisions (or any public corporation, including a public corporation created pursuant to agreement or compact with another state or Canada) a ☐
- b. Conveyance is to secure a debt or other obligation b ☐
- c. Conveyance is without additional consideration to confirm, correct, modify, or supplement a prior conveyance c ☐
- d. Conveyance of real property is without consideration and not in connection with a sale, including conveyances conveying realty as bona fide gifts d ☐
- e. Conveyance is given in connection with a tax sale e ☐
- f. Conveyance is a mere change of identity or form of ownership or organization where there is no change in beneficial ownership. (This exemption cannot be claimed for a conveyance to a cooperative housing corporation of real property comprising the cooperative dwelling or dwellings.) Attach Form TP-584.1, Schedule F f ☐
- g. Conveyance consists of deed of partition g ☐
- h. Conveyance is given pursuant to the federal Bankruptcy Act h ☐
- i. Conveyance consists of the execution of a contract to sell real property, without the use or occupancy of such property, or the granting of an option to purchase real property, without the use or occupancy of such property i ☐
- j. Conveyance of an option or contract to purchase real property with the use or occupancy of such property where the consideration is less than \$200,000 and such property was used solely by the grantor as the grantor's personal residence and consists of a one-, two-, or three-family house, an individual residential condominium unit, or the sale of stock in a cooperative housing corporation in connection with the grant or transfer of a proprietary leasehold covering an individual residential cooperative apartment j ☐
- k. Conveyance is not a conveyance within the meaning of Tax Law, Article 31, section 1401(e) (attach documents supporting such claim) k ☐

*The total tax (from Part I, line 6 and Part II, line 3 above) is due within 15 days from the date conveyance. Please make check(s) payable to the county clerk where the recording is to take place. If the recording is to take place in the New York City boroughs of Manhattan, Bronx, Brooklyn, or Queens, make check(s) payable to the **NYC Department of Finance**. If a recording is not required, send this return and your check(s) made payable to the **NYS Department of Taxation and Finance**, directly to the NYS Tax Department, RETT Return Processing, PO Box 5045, Albany NY 12205-5045.

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Schedule C — Credit Line Mortgage Certificate (Tax Law, Article 11)

Complete the following only if the interest being transferred is a fee simple interest.

I (we) certify that: (check the appropriate box)

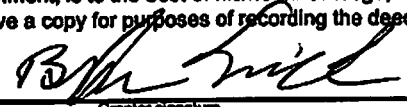
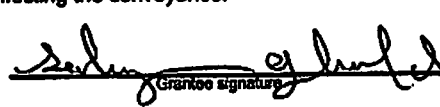
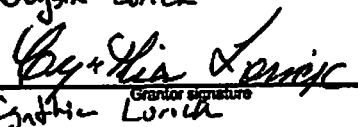
1. ☒ The real property being sold or transferred is not subject to an outstanding credit line mortgage.
 2. ☐ The real property being sold or transferred is subject to an outstanding credit line mortgage. However, an exemption from the tax is claimed for the following reason:
 - ☐ The transfer of real property is a transfer of a fee simple interest to a person or persons who held a fee simple interest in the real property (whether as a joint tenant, a tenant in common or otherwise) immediately before the transfer.
 - ☐ The transfer of real property is (A) to a person or persons related by blood, marriage or adoption to the original obligor or to one or more of the original obligors or (B) to a person or entity where 50% or more of the beneficial interest in such real property after the transfer is held by the transferor or such related person or persons (as in the case of a transfer to a trustee for the benefit of a minor or the transfer to a trust for the benefit of the transferor).
 - ☐ The transfer of real property is a transfer to a trustee in bankruptcy, a receiver, assignee, or other officer of a court.
 - ☐ The maximum principal amount secured by the credit line mortgage is \$3,000,000 or more, and the real property being sold or transferred is not principally improved nor will it be improved by a one- to six-family owner-occupied residence or dwelling.

Please note: for purposes of determining whether the maximum principal amount secured is \$3,000,000 or more as described above, the amounts secured by two or more credit line mortgages may be aggregated under certain circumstances. See TSB-M-96(6)-R for more information regarding these aggregation requirements.

 - ☐ Other (attach detailed explanation).
3. ☐ The real property being transferred is presently subject to an outstanding credit line mortgage. However, no tax is due for the following reason:
 - ☐ A certificate of discharge of the credit line mortgage is being offered at the time of recording the deed.
 - ☐ A check has been drawn payable for transmission to the credit line mortgagee or his agent for the balance due, and a satisfaction of such mortgage will be recorded as soon as it is available.
 4. ☐ The real property being transferred is subject to an outstanding credit line mortgage recorded in _____ (insert liber and page or reel or other identification of the mortgage). The maximum principal amount of debt or obligation secured by the mortgage is _____. No exemption from tax is claimed and the tax of _____ is being paid herewith. (Make check payable to county clerk where deed will be recorded or, if the recording is to take place in New York City but not in Richmond County, make check payable to the NYC Department of Finance.)

Signature (both the grantor(s) and grantee(s) must sign)

The undersigned certify that the above information contained in schedules A, B, and C, including any return, certification, schedule, or attachment, is to the best of his/her knowledge, true and complete, and authorize the person(s) submitting such form on their behalf to receive a copy for purposes of recording the deed or other instrument effecting the conveyance.


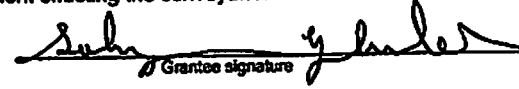
 _____ Boyan Lorch Grantor signature	Title	 _____ Grantee signature	Title
 _____ Boyan Lorch Grantor signature	Title	Grantee signature	Title


Reminder: Did you complete all of the required information in Schedules A, B, and C? Are you required to complete Schedule D? If you checked e, f, or g in Schedule A, did you complete Form TP-584.1? Have you attached your check(s) made payable to the county clerk where recording will take place or, if the recording is in the New York City boroughs of Manhattan, Bronx, Brooklyn, or Queens, to the NYC Department of Finance? If no recording is required, send your check(s), made payable to the Department of Taxation and Finance, directly to the NYS Tax Department, RETT Return Processing, PO Box 5045, Albany NY 12205-5045.

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Signature (both the grantor(s) and grantee(s) must sign)

The undersigned certify that the above information contained in schedules A, B, and C, including any return, certification, schedule, or attachment, is to the best of his/her knowledge, true and complete, and authorize the person(s) submitting such form on their behalf to receive a copy for purposes of recording the deed or other instrument effecting the conveyance.

 _____ Title _____  _____ Title _____
Grantor signature Grantee signature

 _____ Title _____ _____ Grantee signature _____ Title _____
Grantor signature

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Schedule D - Certification of exemption from the payment of estimated personal income tax (Tax Law, Article 22, section 663)

Complete the following only if a fee simple interest or a cooperative unit is being transferred by an individual or estate or trust.

If the property is being conveyed by a referee pursuant to a foreclosure proceeding, proceed to Part II, and check the second box under Exemptions for nonresident transferor(s)/seller(s) and sign at bottom.

Part I - New York State residents

If you are a New York State resident transferor(s)/seller(s) listed in Schedule A of Form TP-584 (or an attachment to Form TP-584), you must sign the certification below. If one or more transferors/sellers of the real property or cooperative unit is a resident of New York State, each resident transferor/seller must sign in the space provided. If more space is needed, please photocopy this Schedule D and submit as many schedules as necessary to accommodate all resident transferors/sellers.

Certification of resident transferor(s)/seller(s)

This is to certify that at the time of the sale or transfer of the real property or cooperative unit, the transferor(s)/seller(s) as signed below was a resident of New York State, and therefore is not required to pay estimated personal income tax under Tax Law, section 663(a) upon the sale or transfer of this real property or cooperative unit.

Signature X	Print full name	Date
Signature	Print full name	Date
Signature	Print full name	Date
Signature	Print full name	Date

Note: A resident of New York State may still be required to pay estimated tax under Tax Law, section 685(c), but not as a condition of recording a deed.

Part II - Nonresidents of New York State

If you are a nonresident of New York State listed as a transferor/seller in Schedule A of Form TP-584 (or an attachment to Form TP-584) but are not required to pay estimated personal income tax because one of the exemptions below applies under Tax Law, section 663(c), check the box of the appropriate exemption below. If any one of the exemptions below applies to the transferor(s)/seller(s), that transferor(s)/seller(s) is not required to pay estimated personal income tax to New York State under Tax Law, section 663. Each nonresident transferor/seller who qualifies under one of the exemptions below must sign in the space provided. If more space is needed, please photocopy this Schedule D and submit as many schedules as necessary to accommodate all nonresident transferors/sellers.

If none of these exemption statements apply, you must complete Form IT-2663, *Nonresident Real Property Estimated Income Tax Payment Form*, or Form IT-2664, *Nonresident Cooperative Unit Estimated Income Tax Payment Form*. For more information, see *Payment of estimated personal income tax*, on page 1 of Form TP-584-1.**Exemption for nonresident transferor(s)/seller(s)**

This is to certify that at the time of the sale or transfer of the real property or cooperative unit, the transferor(s)/seller(s) (grantor) of this real property or cooperative unit was a nonresident of New York State, but is not required to pay estimated personal income tax under Tax Law, section 663 due to one of the following exemptions: Pursuant to Bankruptcy court order.

- ☐ The real property or cooperative unit being sold or transferred qualifies in total as the transferor's/seller's principal residence (within the meaning of Internal Revenue Code, section 121) from _____ Date _____ to _____ Date _____ (see instructions).
- ☐ The transferor/seller is a mortgagor conveying the mortgaged property to a mortgagee in foreclosure, or in lieu of foreclosure with no additional consideration.
- ☐ The transferor or transferee is an agency or authority of the United States of America, an agency or authority of the state of New York, the Federal National Mortgage Association, the Federal Home Loan Mortgage Corporation, the Government National Mortgage Association, or a private mortgage insurance company.

Signature <i>[Signature]</i>	Print full name Boysin Lorick	Date 11/21/2017
Signature <i>[Signature]</i>	Print full name Cynthia Lorick	Date 11/21/2017
Signature	Print full name	Date
Signature	Print full name	Date

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Certification of resident transferor(s)/seller(s)

This is to certify that at the time of the sale or transfer of the real property or cooperative unit, the transferor(s)/seller(s) as signed below was a resident of New York State, and therefore is not required to pay estimated personal income tax under Tax Law, section 663(a) upon the sale or transfer of this real property or cooperative unit.

Signature	Print full name	Date
Signature	Print full name	Date
Signature	Print full name	Date
Signature	Print full name	Date

Exemption for nonresident transferor(s)/seller(s)

This is to certify that at the time of the sale or transfer of the real property or cooperative unit, the transferor(s)/seller(s) (grantor) of this real property or cooperative unit was a nonresident of New York State, but is not required to pay estimated personal income tax under Tax Law, section 663 due to one of the following exemptions: *Pursuant to Bankruptcy Court Order*

- ☐ The real property or cooperative unit being sold or transferred qualifies in total as the transferor's/seller's principal residence (within the meaning of Internal Revenue Code, section 121) from _____ Date _____ to _____ Date _____ (see instructions).
- ☐ The transferor/seller is a mortgagor conveying the mortgaged property to a mortgagee in foreclosure, or in lieu of foreclosure with no additional consideration.
- ☐ The transferor or transferee is an agency or authority of the United States of America, an agency or authority of the state of New York, the Federal National Mortgage Association, the Federal Home Loan Mortgage Corporation, the Government National Mortgage Association, or a private mortgage insurance company.

Signature <i>Bryson Lorick</i>	Print full name <i>Bryson Lorick</i>	Date <i>11/21/2017</i>
Signature <i>Cynthia Lorick</i>	Print full name <i>Cynthia Lorick</i>	Date <i>11/21/2017</i>
Signature	Print full name	Date
Signature	Print full name	Date

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TP-584

TRANSFERS INVOLVING MULTIPLE GRANTORS AND/OR GRANTEES

NOTE

If additional space is needed, attach copies of this schedule or an addendum listing all of the information required below.

Grantor/Transferor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Single member LLC <input type="checkbox"/> Other	Name (if individual, last, first, middle initial) LORICK, CYNTHIA THERESA			Social security number
	Mailing address			Social security number
	City	State	ZIP code	Federal EIN
	Country			
	Single member's name if grantor/grantee is a single member LLC			Single member EIN or SSN
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Single member LLC <input type="checkbox"/> Other	Name (if individual, last, first, middle initial)			Social security number
	Mailing address			Social security number
	City	State	ZIP code	Federal EIN
	Country			
	Single member's name if grantor/grantee is a single member LLC			Single member EIN or SSN
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Single member LLC <input type="checkbox"/> Other	Name (if individual, last, first, middle initial)			Social security number
	Mailing address			Social security number
	City	State	ZIP code	Federal EIN
	Country			
	Single member's name if grantor/grantee is a single member LLC			Single member EIN or SSN
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Single member LLC <input type="checkbox"/> Other	Name (if individual, last, first, middle initial)			Social security number
	Mailing address			Social security number
	City	State	ZIP code	Federal EIN
	Country			
	Single member's name if grantor/grantee is a single member LLC			Single member EIN or SSN
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Single member LLC <input type="checkbox"/> Other	Name (if individual, last, first, middle initial)			Social security number
	Mailing address			Social security number
	City	State	ZIP code	Federal EIN
	Country			
	Single member's name if grantor/grantee is a single member LLC			Single member EIN or SSN

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